

DECLARATION AND POWER OF ATTORNEY ORIGINAL APPLICATION

As a below named inventor, I hereby declare:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled:

PRE-CRASH NOSE DIPPING SYSTEM

the specification of which (check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose to the United States Patent and Trademark Office all information that I know to be material to the patentability of this application as defined in Title 37 C.F.R. § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Priority Not Claimed

_____ (Number)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S. C. Section 119(e) of any United States provisional application(s) listed below:

_____ (Application Serial No.)	_____ (Filing Date)
_____ (Application Serial No.)	_____ (Filing Date)
_____ (Application Serial No.)	_____ (Filing Date)

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States applications(s), or Section 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
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_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the registered practitioners associated with the customer number printed below as my attorneys, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith, and to act on my behalf before the competent International Authorities in connection with any and all international applications filed by me.



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PATENT TRADEMARK OFFICE

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Attorney Docket No.: 11721-035

Client Case No.: UP14301

Full name of second inventor, if any

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